

# KENTUCKY MEDICAID DENTAL SERVICES

CDT-CODE		EFFECTIVE JANUARY 1, 2007 - ONGOING	RATES UNDER AGE 21	RATES 21 YEARS OF AGE AND OLDER
D0140		LIMITED ORAL EVALUATION	\$33.00	\$ 33.00
D0150		COMPREHENSIVE ORAL EVALUATION	\$26.00	\$ 26.00
D0210		INTRAORAL COMPLETE SERIES	\$63.70	\$ 49.00
D0220		INTRAORAL-PERIPICAL-FIRST FILM	\$10.40	\$ 8.00
D0230		INTRAORAL-PERIAPICAL-EACH ADDIT	\$7.80	\$ 6.00
D0270		BITEWING-SINGLE FILM	\$9.10	\$ 7.00
D0272		BITEWING-TWO FILMS	\$18.20	\$ 14.00
D0274		BITEWING-FOUR FILMS	\$29.90	\$ 23.00
D0330	P.A.	PANORAMIC FILM ( REQUIRES PRIOR AUTHORIZATION AGES 5 AND UNDER)	\$39.00	\$ 39.00
D0340		CEPHALOMETRIC FILM	\$61.10	\$ 47.00
D1110		PROPHYLAXIS-14 AND OVER	\$48.10	\$ 37.00
D1120		PROPHYLAXIS-13 AND UNDER	\$48.10	n/c
D1203	*	TOPICAL APPLICATION OF FLUORIDE - Procedure Effective 4/1/2007	\$15.00	n/c
D1351	*	SEALANT - PER TOOTH (AGES 5-20)	\$19.50	n/c
D1510	*	SPACE MAINTAINER-FIXED UNILATERAL	\$135.20	n/c
D1515	*	SPACE MAINTAINER-FIXED BILATERAL	\$262.60	n/c
D1520	*	SPACE MAINTAINER-REMOVABLE-UNILATERAL	\$134.00	n/c
D1525	*	SPACE MAINTAINER-REMOVABLE-BILATERAL	\$202.00	n/c
D2140		AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	\$49.40	\$ 38.00
D2150		AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	\$65.00	\$ 50.00
D2160		AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	\$76.70	\$ 59.00
D2161		AMALGAM-FOUR/MORE SURFACES, PRIMARY OR PERMANENT	\$93.60	\$ 72.00
D2330		RESIN-ONE SURFACE, ANTERIOR	\$57.20	\$ 44.00
D2331		RESIN-TWO SURFACES, ANTERIOR	\$71.50	\$ 55.00
D2332		RESIN-THREE SURFACES, ANTERIOR	\$85.80	\$ 66.00
D2335		RESIN-FOUR/MORE SURFACES, ANTERIOR	\$101.40	\$ 78.00
D2391		RESIN-ONE SURFACE, POSTERIOR	\$57.20	\$ 44.00
D2392		RESIN-TWO SURFACES, POSTERIOR	\$71.50	\$ 55.00
D2393		RESIN-THREE SURFACES, POSTERIOR	\$85.80	\$ 66.00
D2394		RESIN FOUR OR MORE SURFACES, POSTERIOR	\$101.40	\$ 78.00
D2930	*	PREFAB STAINLESS STEEL CROWN-PRIMARY	\$119.60	n/c
D2931	*	PREFAB STAINLESS STEEL CROWN-PERMANENT	\$133.90	n/c
D2932	*	PREFAB RESIN CROWN	\$113.10	n/c
D2951		PIN RETENTION-PER TOOTH, IN ADD. TO RESTOR	\$13.00	\$ 13.00
D3110	*	PULP CAP-DIRECT	\$17.00	n/c
D3220	*	THERAPEUTIC PULPOTOMY	\$67.60	n/c
D3310	*	ROOT CANAL THERAPY-ANTERIOR	\$274.30	n/c
D3320	*	ROOT CANAL THERAPY-BICUSPID	\$344.50	n/c
D3330	*	ROOT CANAL THERAPY-MOLAR	\$481.00	n/c
D3410		APICOECTOMY-ANTERIOR	\$201.50	\$ 155.00
D3421		APICOECTOMY-BISCUSPID FIRST ROOT	\$201.50	\$ 155.00
D3425		APICOECTOMY-MOLAR FIRST ROOT	\$201.50	\$ 155.00
D3426		APICOECTOMY-PER TOOTH EACH ADDIT ROOT	\$197.00	\$ 197.00
D4210		GINGIVECTOMY/GINGIVOPLASTY-PER QUAD	\$336.70	\$ 259.00
D4211		GINGIVECTOMY/GINGIVOPLASTY-PER TOOTH	\$135.20	\$ 104.00
D4341	P.A.	PERIODONTAL SCALING AND ROOT PLANING-PER QUAD	\$101.40	\$ 78.00
D4355		FULL MOUTH DEBRIDEMENT- procedure effective 9/30/2006 - LIMITED TO PREGNANT WOMEN ONLY	\$68.50	\$ 68.50
D5520	*	REPLACE MISSING/BROKEN TEETH-DENTURE	\$40.30	n/c
D5610	*	REPAIR RESIN DENTURE BASE	\$61.10	n/c
D5620	*	REPAIR CAST FRAMEWORK	\$97.50	n/c
D5640	*	REPLACE BROKEN TEETH-PER TOOTH/DENTURE	\$36.40	n/c
D5750	*	RELINE COMPLETE MAXILLARY DENTURE	\$128.70	n/c
D5751	*	RELINE COMPLETE MANDIBULAR DENTURE	\$128.70	n/c
D5820	*	INTERIM PARTIAL DENTURE (MAXILLARY)	\$319.80	n/c
D5821	*	INTERIM PARTIAL DENTURE (MANDIBULAR)	\$336.70	n/c

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D5913	@	NASAL PROSTHESIS	\$2,036.00	\$ 2,036.00
D5914	@	AURICULAR PROSTHESIS	\$1,881.00	\$ 1,881.00
D5919	@	FACIAL PROSTHESIS	\$3,408.00	\$ 3,408.00
D5931		OBTURATOR (TEMPORARY)	\$1,121.90	\$ 863.00
D5932		OBTURATOR (PERMANENT)	\$1,992.00	\$ 1,992.00
D5934	@	MANDIBULAR RESECTION PROSTHESIS	\$1,660.00	\$ 1,660.00
D5952	@	SPEECH AID-PEDIATRIC (13 AND UNDER)	\$2,036.00	n/c
D5953	@	SPEECH AID-ADULT (14 AND OVER)	\$2,036.00	\$ 2,036.00
D5954	@	PALATAL AUGMENTATION PROSTHESIS	\$1,550.00	\$ 1,550.00
D5955	@	PALATAL LIFT PROSTHESIS	\$1,836.00	\$ 1,836.00
D5988	@	ORAL SURGICAL SPLINT	\$896.00	\$ 896.00
D5999	@	UNLISTED MAXILLOFACIAL PROSTHETIC PROC	B/R	B/R
D7111		CORONAL REMNANTS DECIDUOUS TOOTH	\$49.40	\$ 38.00
D7140		EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT	\$49.40	\$ 38.00
D7210		SURGICAL REMOVAL OF ERUPTED TOOTH	\$93.60	\$ 72.00
D7220		REMOVAL OF IMPACTED TOOTH (SOFT TISSUE)	\$127.40	\$ 98.00
D7230		REMOVAL OF IMPACTED TOOTH (PARTIALLY BONY)	\$179.40	\$ 138.00
D7240		REMOVAL OF IMPACTED TOOTH (COMPLETELY BONY)	\$215.80	\$ 166.00
D7241		REMOVAL OF IMPACTED TOOTH (COMP BONY-UNUSUAL]	\$222.30	\$ 171.00
D7250		SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	\$107.90	\$ 83.00
D7260		OROANTRAL FISTULA CLOSURE	\$135.20	\$ 104.00
D7280		SURGICAL EXPOSURE OF IMPACTED/UNERUPTED	B/R	B/R
D7310		ALVEOPLASTY IN CONJUN WITH EXTRACT/PER QUAD	\$101.40	\$ 78.00
D7320		ALVEOPLASTY NOT IN CONJ WITH EXTRACT/PER QUAD	\$101.40	\$ 78.00
D7410		EXCISION OF BENIGN LESION	\$87.10	\$ 67.00
D7510		INCISION & DRAINAGE OF ABSCESS (INTRAORAL)	\$67.60	\$ 52.00
D7520		INCISION & DRAINAGE OF ABSCESS (EXTRAORAL)	\$80.60	\$ 62.00
D7530		REMOVAL OF FOREIGN BODY	\$201.50	\$ 155.00
D7880	*	OCCLUSAL ORTHOTIC DEVICE	P.A.	n/c
D7910		SUTURE OF RECENT SMALL WOUND	\$67.60	\$ 52.00
D7960		FRENULECTOMY	\$167.60	\$ 129.00
D8210	*	REMOVABLE APPLIANCE THERAPY	362.00 /P.A.	n/c
D8220	*	FIXED APPLIANCE THERAPY	259.00 /P.A.	n/c
D8660	*	PRE-ORTHODONTIC TREATMENT VISIT	P.A.	n/c
D8670	*	PERIODIC ORTHODONTIC TREATMENT VISIT	P.A.	n/c
D8999	*	UNSPECIFIED ORTHODONTIC PROCEDURE [FINAL THIRD]	P.A.	n/c
D9110		PALLIATIVE TREATMENT OF DENTAL PAIN	\$27.30	\$ 21.00
D9241	*	INTRAVENOUS SEDATION	\$158.60	n/c
D9420		HOSPITAL CALL	\$67.60	\$ 52.00
	*	LIMITED TO RECIPIENTS UNDER THE AGE OF 21		
	@	PROCEDURES LIMITED TO KENTUCKY BOARD CERTIFIED PROSTHODONTIST		
	P.A.	PROCEDURE REQUIRES PRIOR AUTHORIZATION		
	B/R	BY-REPORT (MANUALLY PRICED)		
	n/c	NON-COVERED		